

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011606

STATE FILE NUMBER

MAR 18 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 658

300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		c. CITY OR TOWN Ballwin 4000	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Co. Hospital		d. STREET ADDRESS (If outside, give location) 104 Elm	
Length of stay in lb 10 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Mamie Middle Jaycox Last Jaycox		4. DATE OF DEATH Month 3 Day 12 Year 1959	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 31 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Iron Co., Mo.
13a. FATHER'S NAME Matthew Hurt		14. NAME OF HUSBAND OR WIFE William Jaycox	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Lucille Jaycox		Address Ballwin, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cerebro-Vascular Thrombosis DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Diabetes Mellitus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 260X
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 6:05 am Month, Day, Year			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 3-3-59 to 3-12-59 and last saw her alive on 3-12-59 Death occurred at 6:05 am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURES J. E. Barron, Jr. M.D.		22b. ADDRESS 601 S. Brentwood	
22c. DATE SIGNED 3-12-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-14-59	
23c. NAME OF CEMETERY Manchester Methodist		23d. LOCATION (City, town, or county) (State) Manchester, Mo.	
24. FUNERAL DIRECTOR Schrader Funeral Home Ballwin, Mo.		25. DATE RECD. BY LOCAL REG. 3-12-59	
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be directly antecedent to death, and the symptoms must be related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Ballwin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.